

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

0341646

DOCUMENT # P98000077891

1. Entity Name:
ECOVENTURE RESIDENCES II, INC.

05-02-2001 90178 047 ***150.00

Principal Place of Business Mailing Address
601 BAYSHORE BLVD. **601 BAYSHORE BLVD.**
SUITE 960 **SUITE 960**
TAMPA FL 33606 **TAMPA FL 33606**

C0057554



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3534608** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OELSCHLAEGER, EDWARD R
601 BAYSHORE BLVD.
SUITE 960
TAMPA FL 33606

Name **RANDOLPH J. WOLFE**
 Street Address (P.O. Box Number is Not Acceptable)
100 NORTH TAMPA ST. SUITE 2700
 City **TAMPA** **FL** Zip Code **33602**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Randolph J. Wolfe* *Randolph J. Wolfe Registered Agent* **CO1** *3/27/01*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **D OELSCHLAEGER, EDWARD R**
 STREET ADDRESS **601 BAYSHORE BLVD. STE 960**
 CITY-ST-ZIP **TAMPA FL 33606**

TITLE Change Addition
 NAME
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address and all other like empowered.

SIGNATURE: *Edward R. Oelschlaeger* **EDWARD R. OELSCHLAEGER** **3/31/01** **813-251-4868**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)